



HHS Pandemic Influenza Preparedness Planning

"The Coming Pandemic"

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PRESENTATION GOALS

- Define Pandemic
- Describe the Planning and Coordination Process
- Provide Basic Checklists for planning
- Considerations for Vulnerable Populations

What is an Influenza Pandemic?

- Pandemic is a global outbreak
- Occurs when a new influenza A virus emerges
- Little or no immunity in human populations
- Begins to cause serious illness
- Spreads easily from person-to-person worldwide
- May come and go in waves

The Burden of Influenza

Seasonal Influenza

- Globally: 250,000 to 500,000 deaths each year
- In the United States each year:
 - 36,000 deaths
 - >200,000 hospitalizations
 - \$37.5 billion in economic costs from influenza and pneumonia

Pandemic Influenza

- An ever-present threat

Pandemics Do Happen!

- 1918 – Spanish flu
- 1957 – Asian flu
- 1968 – Hong Kong flu

Planning Assumptions: Health Care

- 50% or more of those who become ill will seek medical care
- Number of hospitalizations and deaths will depend on the virulence of the pandemic virus

	Moderate (1957-like)	Severe (1918-like)
Illness	90 million (30%)	90 million (30%)
Outpatient medical care	45 million (50%)	45 million (50%)
Hospitalization	865,000	9,900,000
ICU care	128,750	1,485,000
Mechanical ventilation	64,875	745,500
Deaths	209,000	1,903,000

HHS Pandemic Influenza Doctrine: Saving Lives

- A threat anywhere is a threat everywhere!
- Quench first outbreaks: detect and contain where it emerges, if feasible
 - International collaborations
 - Frontline detection and response; rapid laboratory diagnosis
 - Isolation / quarantine / antiviral prophylaxis / social distancing / animal culling



HHS Pandemic Influenza Doctrine: Saving Lives

- Prevent or at least delay introduction into the United States
 - May involve travel advisories, exit or entry screening
 - For first cases, may involve isolation / short-term quarantine of arriving passengers

HHS Pandemic Influenza Doctrine: Saving Lives

- Slow spread, decrease illness and death, buy time
 - Antiviral treatment and isolation for people with illness
 - Quarantine for those exposed
 - Social distancing
 - Vaccine when available
 - Local decisions

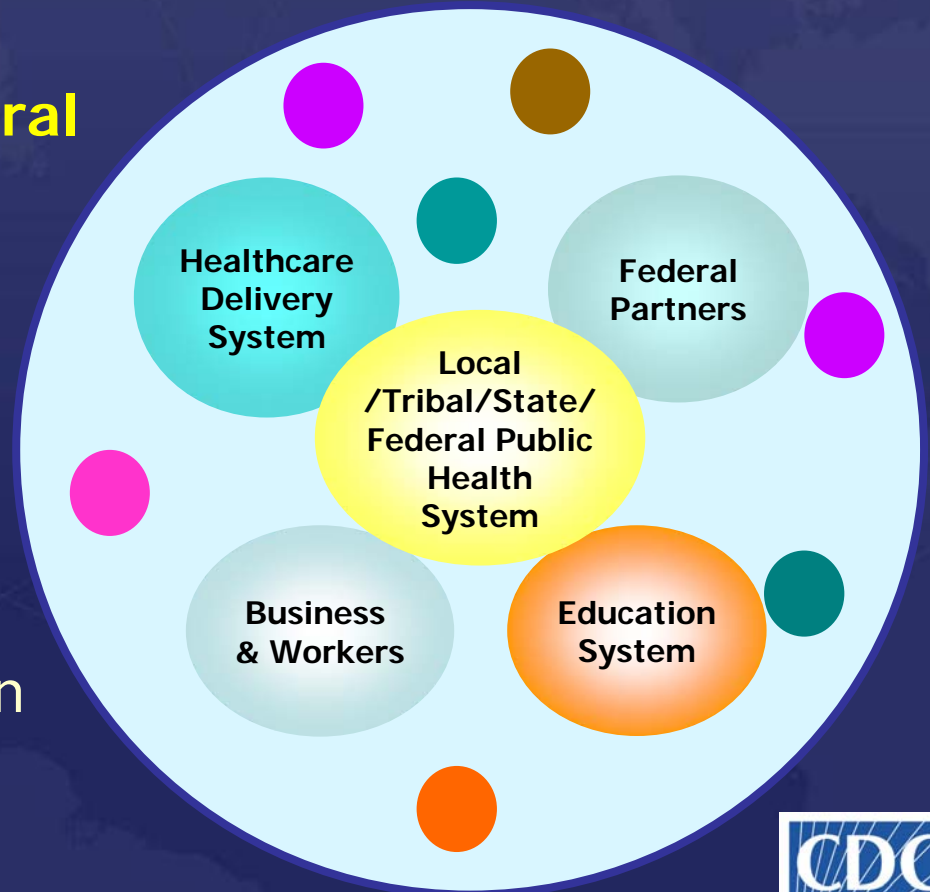


HHS Pandemic Influenza Doctrine: Saving Lives

- Clearly communicate to the public
 - Prepare people with information
 - Encourage action steps to prepare now
 - Provide updates when new information emerges
 - Use trusted messengers
 - Coordinate to ensure consistent messages
 - Address rumors and inaccuracies

Our Health Protection Preparedness System A NETWORK of Shared Responsibility!

- **Local - tribal - state - federal**
- Domestic – international
- Public – private
- Multi-sector
- Non-partisan
- Animal – human
- Health protection – homeland security – economic protection





- ✓ Community Leadership and Networking
- ✓ Surveillance
- ✓ Health System Partnerships
- ✓ Infection Control and Clinical Care
- ✓ Vaccine Distribution and Use
- ✓ Antiviral Drug Distribution and Use
- ✓ Community Disease Control and Prevention
- ✓ Communications
- ✓ Workforce Support


STATE AND LOCAL PANDEMIC INFLUENZA PLANNING CHECKLIST

Planning for pandemic influenza is critical. To assist you in your efforts, the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist. It identifies important, specific activities you can do now to prepare. Many are specific to pandemic influenza, but a number also pertain to any public health emergency.

This checklist is based on the HHS Pandemic Influenza Plan, Public Health Guidance for State and Local Partners, but is not intended to set forth mandatory requirements. Each state and local jurisdiction should determine for itself whether it is adequately prepared for disease outbreaks in accordance with its own laws and procedures.


Community Preparedness Leadership and Networking. [Preparedness Goal 1—Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Establish a Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the jurisdiction (including governmental, public health, healthcare, emergency response, agriculture, education, business, communication, community-based, and faith-based sectors, as well as private citizens) and is accountable for articulating strategic priorities and overseeing the jurisdiction and execution of the jurisdiction's operational pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Deliberate accountability and responsibility, capabilities, and resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assume that the plan includes timelines, deliverables, and performance measures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Within every state, clarify which activities will be performed at a state, local, or coordinated level, and indicate what role the state will have in providing guidance and assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Assume that the operational plan for pandemic influenza response is an integral element of the overall state and local emergency response plan established under Federal Emergency Support Function 1 (ESF#1: Health and medical service and compliant with National Incident Management System.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Assess integration of state, local, tribal, territorial, and regional plans across jurisdictional boundaries in the plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Formalize agreements with neighboring jurisdictions and address communication, mutual aid, and other cross-jurisdictional needs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Assess existence of a demographic profile of the community (including special needs populations and language minorities) and ensure that the needs of these populations are addressed in the operation plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Assess provision of psychosocial support services for the community, including patients and their families, and those affected by community containment procedures in the plan (see Supplement 11.)



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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continued



Pandemic Influenza Checklists

- State and Local
- Business
- Preschool
- Schools (K-12)
- Colleges & Universities
- Faith-based & Community Organizations
- Physician Offices and Ambulatory Care
- Home Health
- Emergency Medical Services
- Travel Industry

More to Consider as You Plan

Vulnerable Populations

- Low – income (low literacy, language barriers)
- Lack of insurance or under – insured
- Elderly persons
- Disabled persons
- Homeless persons

Health Disparities (Source: omhrc.gov)

- Differences in racial and ethnic groups
- Residents of rural areas
- Women and children
- Elderly persons
- Disabled persons

Considerations:

- “Impoverished children and families with greatest needs typically access the least resources whether they are related to nutrition, child care, education, employment or health care.” – JAMA 4/20/05
- Low income and uninsured populations rely on community providers. (SOURCE: Kaiser Family Foundation – Threadbare: Holes in the America’s Health Care Safety Net - Medicaid and the Uninsured)

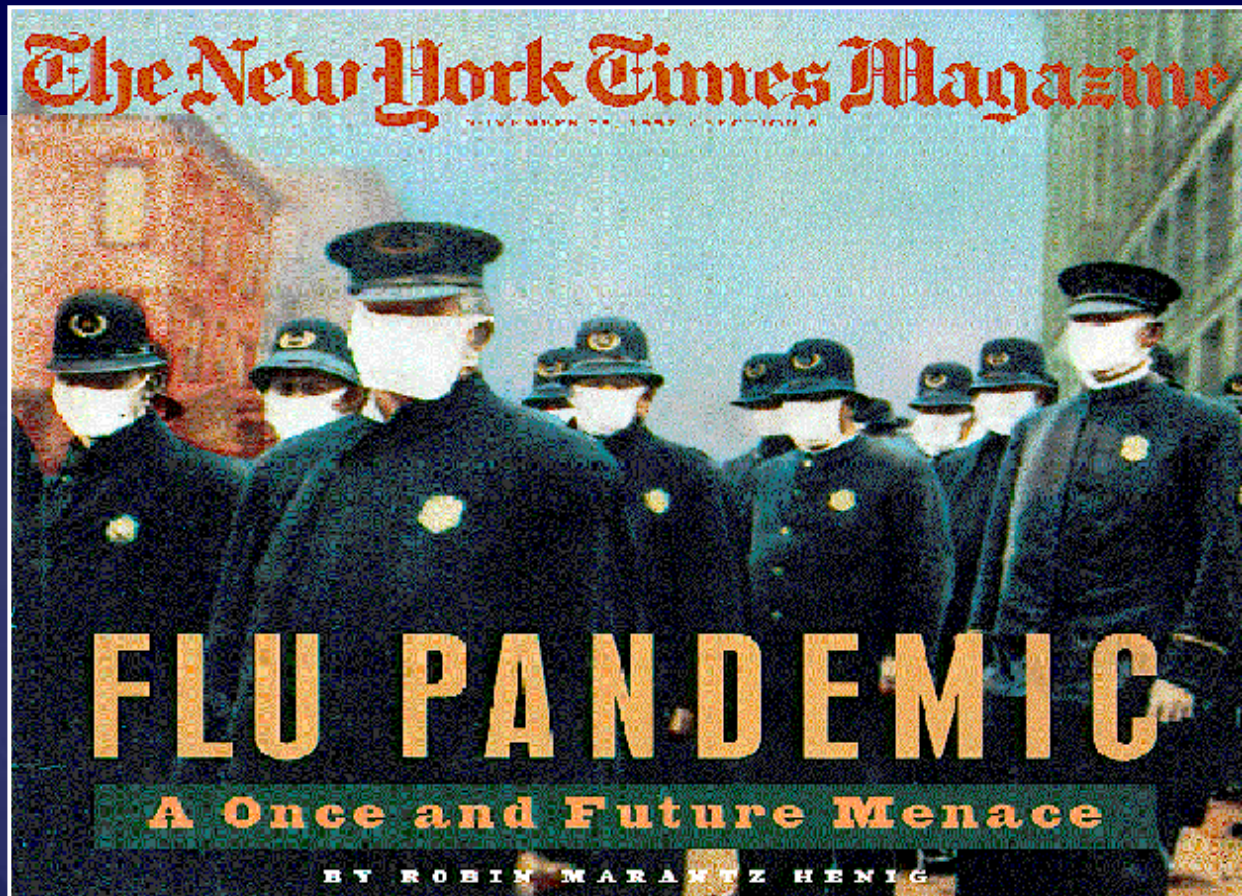
Considerations:

“The sheer number of low-income people who are in need of care exceeds this country’s safety net services;”
(Kaiser Report)

- Health center and clinics have limited ability to provide medication, specialized treatments or long-term care. Additionally, they may not have sufficient tracking systems to provide follow-up care.

(SOURCE: Kaiser Family Foundation – Threadbare: Holes in the America’s Health Care Safety Net - Medicaid and the Uninsured)

Complacency is the enemy of health protection!



www.pandemicflu.gov